



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MOTOR VEHICLES
AND MOTOR VEHICLE DEALER BOARD

DSD 10 (Rev. 07/03)

**MOTOR VEHICLE DEALER LICENSE APPLICATION
FOR INITIAL LICENSE OR RENEWAL**

FOR LICENSE YEAR ENDING _____

ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD:

☐ YES ☐ NO IF YES, PLEASE INDICATE DEALER NUMBER _____

OFFICE USE ONLY

P.C.T. & O. FEE	SLS FEE
AMT. OF CHECK	TOTAL FEE
OVERPAY	CHECK NO.
RETURN OVERPAY FOR APPROVAL	ASMT. FEE
CLERK'S INITIALS	

1. If you are a Motor Vehicle Dealer, please indicate which of the following applies. (Check only one.) See letter for additional information.

- ☐ F - \$250/Fund
☐ K - \$100,000 Bond (submit copy)
☐ M - Million-Dollar Bond Umbrella Bond ((submit proof of Umbrella Bond)

2. TYPE OF APPLICATION

Important note: if this is an initial or change in location application, Virginia dealer must submit proof of local zoning ordinance approval with this application.

- ☐ INITIAL APPLICATION ☐ RENEWAL APPLICATION
☐ CHANGE (EXPLAIN) _____

Authorized Changes: address change, name change, add/delete manufacturer or distributor, ownership change, and relocation.

3. TYPE OF MOTOR VEHICLE DEALER LICENSE(S) Check all that apply:

- ☐ FRANCHISED ☐ INDEPENDENT MOTORCYCLE
☐ FRANCHISED MOTORCYCLE ☐ INDEPENDENT MOTOR HOME
☐ FRANCHISED MOTOR HOME ☐ INDEPENDENT TRAILER
☐ FRANCHISED TRAILER ☐ WHOLESALE AUCTION
☐ PROGRAM DEALER (Licensed Auction ONLY)
☐ INDEPENDENT ☐ RETAIL AUCTIONS
☐ DISTRIBUTOR ☐ MANUFACTURER ☐ FACTORY/DIST. BRANCH

4. NAME OF BUSINESS

TRADING AS NAME

BUSINESS HOURS
(LIST AS POSTED)

BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE)

CITY

ZIP CODE

☐ COUNTY OR ☐ CITY JURISDICTION OF BUSINESS

DEALER-OPERATOR (PERSON OPERATING BUSINESS)

DEALER'S SOCIAL SECURITY OR EMPLOYER I.D. NUMBER

DEALER'S BUSINESS PHONE

DEALER-OPERATOR HOME PHONE

DEALER'S E-MAIL/WEBSITE ADDRESS

PRIVACY STATEMENT

In accordance with Sections 2.2-803 & 2.2-4807 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

5. TYPE OF OWNERSHIP. CHECK ONE:

- ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

STATE IN WHICH INCORPORATED

6. Give the name, title and residential address of each owner, partner and/or officer of this business. Use additional sheet(s), if necessary, and attach.

NAME	TITLE	ADDRESS
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FRANCHISED DEALER – DISTRIBUTORS – MANUFACTURERS – and FACTORY BRANCHES: Read instructions below and complete Sections 7 and 8. **ALL OTHER APPLICANTS:** Go to **SECTION 8.**

7. FRANCHISED DEALERS and DISTRIBUTORS. List the manufacturer(s) and/or distributor(s) with whom you have a franchise or sales agreement. **FRANCHISED DEALER.** Attach a copy of the Franchise and service agreement with manufacturer or distributor if this is an initial application. **MANUFACTURER, DISTRIBUTOR and FACTORY BRANCH.** Only list line-makes of vehicles to be sold in this state. **DO NOT** list models as line-makes. Use additional sheet(s), if necessary, and attach.

MANUFACTURER/DISTRIBUTOR	ADDRESS	LINE-MAKES
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8. FRANCHISED DEALERS ONLY. List name and address of individual awarded franchise(s) or sales agreement(s). Use additional sheet(s), if necessary, and attach.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

9. Read each question below and check the appropriate response

YES

NO

A. Has any owner, partner, officer or Dealer-Operator of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or has his/her license or certificate suspended or revoked?

☐☐

B. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of a felony?

☐☐

C. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?

☐☐

D. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?

☐☐

E. Has any owner, partner, or officer or Dealer-Operator of business ever been convicted of odometer tampering or any related violation?

☐☐

F. Has any owner, partner, director, officer or Dealer-Operator committed any act or omitted any duty, with the result being administrative action taken by the Board or DMV?

☐☐

G. If the answer to any of the above questions is YES, please explain on a separate sheet (include names, dates, court jurisdictions and result of administrative proceedings).

☐☐

H. Are all of your licensed salesperson employees of the dealership and **not** independent contractors?

☐☐

10. CERTIFICATION. Read and certify by signing below.

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 5 Misdemeanor.

NAME OF BUSINESS

SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE ☐ COUNTY ☐ CITY OF _____
COUNTY OR CITY

IN THE STATE OF _____ ON THIS DATE _____
STATE MONTH DAY YEAR

11. DEALER RENEWALS ONLY:

PROCESSING FEE – List the amount charged by the dealer for any item designated as “processing fee” on the buyers order form \$ _____. If a processing fee is not charged, enter “none”.

The number of license plates authorized by the enclosed DLD-9 is based on the total number of retail sales to Virginia residents. You are authorized to obtain a total number of dealer license plates based on total sales. If you require additional license plates and have proof of other sales, please indicate the volume below:

Retail sales (out-of-state) _____ Wholesale sales _____

Please complete and certify the attached DLD-21 to identify the additional vehicles sold at wholesale or to out-of-state residents. You may use alternative automated reporting if the required information is included. Return with this application.

REMINDER: Please include all required supporting documents and proper fees.